

**EASTERN CANADA AND CARIBBEAN DISTRICT OF KIWANIS INTERNATIONAL**

**REVISED CONVENTION HOST APPLICATION**

(To be sent to the District Secretary at least 5 years before desired date.)

Date Sent ..... Date received by District Secretary .....

**Fill in as much information as is presently available**

CLUB .....

ADDRESS .....

Contact Person .....

Phones Bus. ( ) ..... Res. ( ) .....

2<sup>nd</sup> Contact Person .....

Phones Bus. ( ) ..... Res. ( ) .....

YEAR DESIRED ...../or whenever available.....

**Dates Suggested – 1<sup>st</sup> or 2<sup>nd</sup> Thursday in August, p.m., until Sunday Noon.**

(yes/no) or other suggested date .....

Proposed Chairman's Name .....

Administrative or Convention experience.....

.....

.....

NUMBER OF CLUB MEMBERS .....

**NUMBER OF OTHER CLUBS WITHIN 100 KM. Clubs which are willing to participate in planning and which can provide active support in delivering the convention.**

Is application supported by Divisional Resolution? .....

**Does your community have the capacity (e.g. physical space, human resources, business community to help with sponsorships) to host a large convention? Describe the capacity of your community.**

**Name a few large convention groups including number of registrants your community has hosted in recent years.**

1. ....
2. ....
3. ....
4. ....

NOTE: For those communities with new facilities and/or an emerging presence in the convention market, please highlight the strengths of your community to host a Kiwanis District Convention.

**Will committee have use of computer for minutes, finance, program planning and registration?**

..... (yes/no) **Will there be a charge** ..... (yes/no)

**Number of Km. To nearest major airport** .....

**Name major airline using airport** ..... .....

Are there daily flights arriving from destinations in Eastern Canada and the Caribbean with which Kiwanians can connect?

### **REGISTRATION**

Budget to be based on 500 Kiwanians, 200 partners and 10 children.

Registration fee maximum \$..... for a Kiwanian

**for partner \$..... for child \$..... (no banquet ticket)**

**If separate function tickets are sold to non-registrants a \$..... surcharge is to be charged for convention overhead.**

**About twenty (20) complimentary registrations will be required.**

As a suggestion these sources of funds should be strongly pursued. Do you anticipate support?

- Provincial Tourism Convention grant (yes/no) .....
- Regional or Municipal Grant (yes/no) .....
- Will local companies or the municipality sponsor, co-sponsor or financially assist with the Opening Reception, the Governor's Banquet, a luncheon or the printing costs of the convention program? (yes/no).....

Does your community have available English/French translation equipment and staff (yes/no) .....  
\$ ..... cost for 3 hours per day for two days.

### **LOCAL TRANSPORTATION**

**Will local bus shuttle be required between hotels and the meeting site (yes/no) .....\$..... cost.**

### **ACCOMODATIONS**

#### **Requirements:**

- two suites, 5 nights
- 50 rooms, same hotel, 5 nights
- 400 room, 3 nights
- ten minutes walking time from meeting location is desirable.
- convention rate 15% - 20% off rack rate is usual discount.

Main Hotel .....

**Number of rooms that can be guaranteed .....**  
Pre-assignment of specific rooms permitted (yes/no) .....

**(Facilitates express check-in with keys ready in hotel registration envelope.)**

**Agrees to one free suite with each 50 (or?) ..... rooms**  
or one free room with each 25 (or?) ..... rooms.  
Air conditioned .....

Hotel 2

**Number of room that can be guaranteed .....**

Pre-assignment of specific rooms permitted (yes/no) .....  
**(Facilitates express check-in with keys ready in hotel registration envelope.)**

**Agrees to one free suite with each 50 (or?) ..... rooms**  
or one free room with each 25 (or?) ..... rooms.  
Air conditioned .....

Hotel 3

Number of rooms that can be guaranteed .....

Pre-assignment of specific rooms permitted (yes/no) .....

(Facilitates express check-in with keys ready in hotel registration envelope.)

Agrees to one free suite with each 50 (or?) ..... rooms or one free room with each 25 (or?) ..... rooms.

Air conditioned .....

Hotel 4

Number of room that can be guaranteed .....

Pre-assignment of specific rooms permitted (yes/no) ..... (Facilitates express check-in with keys ready in hotel registration envelope)

Agrees to one free suite with each 50 (or?) ..... rooms or one free room with each 25 (or?) ..... rooms.

Air conditioned .....

**MEETING ROOMS**

Name of facility .....

Largest room holds .....persons (600 minimum) N/C ..... or cost \$.....

**Air conditioned ..... (yes/no)**

**Four air conditioned meeting rooms for 150 persons available N/C ..... or cost \$.....**

Two air conditioned rooms for offices available N/C .....or cost \$.....

Opening Night location, minimum capacity 800 persons ..... N/C ..... or cost \$.....

Air conditioned ..... (yes or no)

**Governor’s Banquet location, minimum capacity800 plus, dance floor ..... meal cost \$.....**

**Air conditioned ..... (yes/no)**

**FOOD FACILITIES**

Two Kiwanis breakfast buffets, approximately 250 persons

**Locations** ..... **meal cost \$** .....

Two Kiwanis luncheons, approximately 600 persons

**Locations** ..... **meal cost \$** .....

One spouses' luncheons, approximately 150 persons

**Locations** ..... **meal cost \$** .....

Opening Night Reception, approx. 800 persons – air conditioned? .....

**Locations** ..... **snack cost \$** .....

Social Night, approximately 800 persons – air conditioned? .....

**Locations** ..... **cost \$** .....

**The professional accountant's name, who will prepare the windup financial statement, required by the District Office, is –**

.....

**CERTIFICATION**

Club Approval ..... Date .....  
President

Divisional Support ..... Date .....  
Lt. Governor

District Convention Committee  
Recommendation ..... Date .....  
Chairman

District Board Approval ..... Date .....